

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST ADA NICKNAME EDWARDS LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered on Date Postmarked CITY SECRETARY Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 1564 HOUSTON, TX 77251-1564		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (913) 942-0642		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST CYNTHIA NICKNAME COOPER LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 901 BACBY HOUSTON, TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (913) 942-0642		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 10 / 30 / 05    12 / 31 / 05		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 05 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) DISTRICT D HOUSTON CITY COUNCIL		
13 OFFICE SOUGHT (if known)	DISTRICT D HOUSTON CITY COUNCIL		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name NONE Address / PO Box: Apt. / Suite #: City: State: Zip Code NONE		
GO TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

ADA EDWARDS

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

NONE

COMMITTEE CAMPAIGN TREASURER NAME

NONE

COMMITTEE CAMPAIGN TREASURER ADDRESS

NONE

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,275.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15,433.60

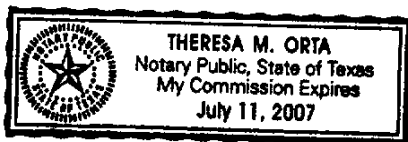
CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ADA Edwards, this the 13<sup>th</sup> day of January, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Theresa Orta

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>6</b>	
2 FILER NAME: <b>Ada Edwards</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen Futch</b>	7 Amount of contribution: <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77004</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lee Loe</b>	7 Amount of contribution: <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77098</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/11/1950</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patsy Cravens</b>	7 Amount of contribution: <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77006</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/15/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tomaro Lamberson-Bell</b>	7 Amount of contribution: <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77021</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/15/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Deborah Cannon</b>	7 Amount of contribution: <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 6	
2 FILER NAME: <b>Ada Edwards</b>		3 ACCOUNT # (Ethics Commission filers)	

4 Date 11/15/2005	5 Full Name of Contributor: Gerald Womack <input type="checkbox"/> out of state PAC	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/9/2005	5 Full Name of Contributor: Wilford Weber <input type="checkbox"/> out of state PAC	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/15/2005	5 Full Name of Contributor: Marty Stein <input type="checkbox"/> out of state PAC	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77071			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/12/1950	5 Full Name of Contributor: Madeleine Appel <input type="checkbox"/> out of state PAC	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2005	5 Full Name of Contributor: Michael Fowler <input type="checkbox"/> out of state PAC	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>6</b>	
2 FILER NAME: <b>Ada Edwards</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Steven Jarvis	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77079			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alfred Bennett	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77021			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elena Marks	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005-4302			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nathelyne Kennedy	7 Amount of contribution: \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77081			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peter Brown	7 Amount of contribution: \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-2304			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>6</b>	
2 FILER NAME: <b>Ada Edwards</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Zinetta Burney	7 Amount of contribution: \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Herbert Rothschild	7 Amount of contribution: \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judith Cunningham	7 Amount of contribution: \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77095			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sheet Metal Workers Local Union No. 54	7 Amount of contribution: \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/15/1950	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura Brady	7 Amount of contribution: \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77088			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>6</b>	
2 FILER NAME: <b>Ada Edwards</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles Gooden	7 Amount of contribution: \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77085-3208			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC A. R. Logans	7 Amount of contribution: \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77056			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Borris Miles	7 Amount of contribution: \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Les Alexander	7 Amount of contribution: \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77002			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barry Palmer	7 Amount of contribution: \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77046			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>6</b>	
2 FILER NAME: <b>Ada Edwards</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rudolph Bruhns	7 Amount of contribution: \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025-3104			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC CenterPoint Energy PAC	7 Amount of contribution: \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77210-4567			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

5

FILER NAME

ACCOUNT # (Ethics Commission filers)

**Ada Edwards**

Date 38657	Payee Name Keith Wade	Amount (\$)
	Payee address P. O. Box 88013 Houston, TX 77288	City; State; Zip Code TX 77288
		\$3,200.00

Purpose of payment (See instructions regarding type of information required)

consulting services

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date 38659	Payee Name Matrix I.G.	Amount (\$)
	Payee address 5318 Wesleyan Ste 154 Houston, TX 77005	City; State; Zip Code TX 77005
		\$6,000.00

Purpose of payment (See instructions regarding type of information required)

Research/Camp Logan/Lynn Eusan

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date 38659	Payee Name Ada Edwards	Amount (\$)
	Payee address 5400 MLK BLVD., APT. #20 Houston, TX 77021	City; State; Zip Code TX 77021
		\$673.83

Purpose of payment (See instructions regarding type of information required)

rental car for campaign workers

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date 38665	Payee Name Mothers For Clean Air	Amount (\$)
	Payee address 3100 Richmond Ave Ste 309 Houston, TX 77019	City; State; Zip Code TX 77019
		\$100.00

Purpose of payment (See instructions regarding type of information required)

contribution

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

5

FILER NAME

ACCOUNT # (Ethics Commission filers)

**Ada Edwards**

Date 38665	Payee Name Tiffany A. Bundick	Amount (\$)
	Payee address 5500 M L King Blvd # 5044 Houston, TX 77021	City; State; Zip Code TX 77021
		\$500.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

office work

Date 38677	Payee Name Ahson Wali	Amount (\$)
	Payee address 506 Ernst Ct Spring, TX 77388	City; State; Zip Code TX 77388
		\$50.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Christmas Bonus

Date 38677	Payee Name Nzinga Rideaux	Amount (\$)
	Payee address 4101 Dabney Houston, TX 77026	City; State; Zip Code TX 77026
		\$200.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Christmas Bonus

Date 38677	Payee Name Karen Haller	Amount (\$)
	Payee address 901 Bagby Houston, TX 77002	City; State; Zip Code TX 77002
		\$200.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Christmas Bonus

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

5

FILER NAME

ACCOUNT # (Ethics Commission filers)

**Ada Edwards**

Date 38677	Payee Name Nicole Craig	Amount (\$)
	Payee address 4306 Bettis #8 Houston, TX 77027	City; State; Zip Code TX 77027
		\$50.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Christmas Bonus

Date 38677	Payee Name Tiffany A. Bundick	Amount (\$)
	Payee address 5500 M L King Blvd # 5044 Houston, TX 77021	City; State; Zip Code TX 77021
		\$50.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Christmas Bonus

Date 38677	Payee Name Jehniifer Henderson	Amount (\$)
	Payee address 1901 Binz, Apt 9 Houston, TX 77004	City; State; Zip Code TX 77004
		\$50.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Christmas Bonus

Date 38677	Payee Name Kaitlyn Murphy	Amount (\$)
	Payee address 322 Malone Houston, TX 77007	City; State; Zip Code TX 77007
		\$200.00

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Christmas Bonus

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

5

FILER NAME

ACCOUNT # (Ethics Commission filers)

**Ada Edwards**

Date	Payee Name	Amount (\$)
38690	Todd A Edwards	
	Payee address City; State; Zip Code	\$3,000.00
	2513 Arbor Street Houston, TX TX 77004	

Purpose of payment (See instructions regarding type of information required)

consulting

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date	Payee Name	Amount (\$)
38704	Bette John	
	Payee address City; State; Zip Code	\$35.32
	15599 Memorial Houston, TX TX 77079	

Purpose of payment (See instructions regarding type of information required)

reimburse for stamps

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date	Payee Name	Amount (\$)
38704	Karen Haller	
	Payee address City; State; Zip Code	\$24.89
	901 Bagby Houston, TX TX 77002	

Purpose of payment (See instructions regarding type of information required)

labels

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date	Payee Name	Amount (\$)
38704	Karen Haller	
	Payee address City; State; Zip Code	\$37.00
	901 Bagby Houston, TX TX 77002	

Purpose of payment (See instructions regarding type of information required)

reimburse for stamps

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

5

FILER NAME

ACCOUNT # (Ethics Commission filers)

**Ada Edwards**

Date	Payee Name	Amount (\$)
38704	Karen Haller	
	Payee address City; State; Zip Code	\$75.06
	901 Bagby Houston, TX TX 77002	
	77002	

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

office lunch

Date	Payee Name	Amount (\$)
38704	Karen Haller	
	Payee address City; State; Zip Code	\$50.00
	901 Bagby Houston, TX TX 77002	
	77002	

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

reimburse for Houston Rockets tickets

Date	Payee Name	Amount (\$)
38704	Bette John	
	Payee address City; State; Zip Code	\$937.50
	15599 Memorial Houston, TX TX 77079	
	77079	

Purpose of payment (See instructions regarding type of information required)

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

bookkeeping

Schedule F Report Total: \$15,433.60

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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